



Aged Care

Standards and Accreditation Agency Ltd

Decision to accredit Bupa Dural

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Bupa Dural in accordance with the Accreditation Grant Principles 1999.

The Agency has decided that the period of accreditation of Bupa Dural is three years until 18 June 2013.

The Agency has found the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the 'Agency findings' column appended to the following executive summary of the assessment team's site audit report.

The Agency is satisfied the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Information considered in making an accreditation decision

The Agency has taken into account the following:

- the desk audit report and site audit report received from the assessment team; and
- information (if any) received from the Secretary of the Department of Health and Ageing; and
- other information (if any) received from the approved provider including actions taken since the audit; and
- whether the decision-maker is satisfied that the residential care home will undertake continuous improvement measured against the Accreditation Standards, if it is accredited.

Home and approved provider details

Details of the home

Home's name:	Bupa Dural				
RACS ID:	0570				
Number of beds:	100	Number of high care residents:	99		
Special needs group catered for:	<ul style="list-style-type: none"> • Dementia and extra services 				
Street/PO Box:	1 Stonelea Court				
City:	DURAL	State:	NSW	Postcode:	2158
Phone:	02 9653 9600		Facsimile:	02 9653 9700	
Email address:	N/A				

Approved provider

Approved provider:	Bupa Care Services Pty Limited
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Assessment team

Team leader:	Ruth Heather
Team member/s:	Veronica Hunter
Date/s of audit:	16 March 2010 to 18 March 2010

Executive summary of assessment team's report

Standard 1: Management systems, staffing and organisational development

Expected outcome	Assessment team recommendations
1.1 Continuous improvement	Does comply
1.2 Regulatory compliance	Does comply
1.3 Education and staff development	Does comply
1.4 Comments and complaints	Does comply
1.5 Planning and leadership	Does comply
1.6 Human resource management	Does comply
1.7 Inventory and equipment	Does comply
1.8 Information systems	Does comply
1.9 External services	Does comply

Standard 2: Health and personal care

Expected outcome	Assessment team recommendations
2.1 Continuous improvement	Does comply
2.2 Regulatory compliance	Does comply
2.3 Education and staff development	Does comply
2.4 Clinical care	Does comply
2.5 Specialised nursing care needs	Does comply
2.6 Other health and related services	Does comply
2.7 Medication management	Does comply
2.8 Pain management	Does comply
2.9 Palliative care	Does comply
2.10 Nutrition and hydration	Does comply
2.11 Skin care	Does comply
2.12 Continence management	Does comply
2.13 Behavioural management	Does comply
2.14 Mobility, dexterity and rehabilitation	Does comply
2.15 Oral and dental care	Does comply
2.16 Sensory loss	Does comply
2.17 Sleep	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
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Does comply
Does comply
Does comply
Does comply

Agency findings
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Does comply

Executive summary of assessment team's report	
Standard 3: Resident lifestyle	
Expected outcome	Assessment team recommendations
3.1 Continuous improvement	Does comply
3.2 Regulatory compliance	Does comply
3.3 Education and staff development	Does comply
3.4 Emotional support	Does comply
3.5 Independence	Does comply
3.6 Privacy and dignity	Does comply
3.7 Leisure interests and activities	Does comply
3.8 Cultural and spiritual life	Does comply
3.9 Choice and decision-making	Does comply
3.10 Resident security of tenure and responsibilities	Does comply
Standard 4: Physical environment and safe systems	
Expected outcome	Assessment team recommendations
4.1 Continuous improvement	Does comply
4.2 Regulatory compliance	Does comply
4.3 Education and staff development	Does comply
4.4 Living environment	Does comply
4.5 Occupational health and safety	Does comply
4.6 Fire, security and other emergencies	Does comply
4.7 Infection control	Does comply
4.8 Catering, cleaning and laundry services	Does comply

Accreditation decision

Agency findings
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply
Does comply

Agency findings
Does comply
Does comply
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Does comply
Does comply

Assessment team's reasons for recommendations to the Agency

The assessment team's recommendations about the home's compliance with the Accreditation Standards are set out below. Please note the Agency may have findings different from these recommendations.



Aged Care

Standards and Accreditation Agency Ltd

SITE AUDIT REPORT

Name of home	Bupa Dural
RACS ID	0570

Executive summary

This is the report of a site audit of Bupa Dural 0570 1 Stonelea Court DURAL NSW from 16 March 2010 to 18 March 2010 submitted to the Aged Care Standards and Accreditation Agency Ltd.

Assessment team's recommendation regarding compliance

The assessment team considers the information obtained through audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Bupa Dural.

The assessment team recommends the period of accreditation be three years

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Site audit report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 16 March 2010 to 18 March 2010

The audit was conducted in accordance with the Accreditation Grant Principles 1999 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Ruth Heather
Team member/s:	Veronica Hunter

Approved provider details

Approved provider:	Bupa Care Services Pty Ltd
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Details of home

Name of home:	Bupa Dural
RACS ID:	0570

Total number of allocated places:	100
Number of residents during site audit:	99
Number of high care residents during site audit:	99
Special needs catered for:	Dementia and extra services

Street/PO Box:	1 Stonelea Court	State:	NSW
City/Town:	DURAL	Postcode:	2158
Phone number:	02 9653 9600	Facsimile:	02 9653 9700
E-mail address:			

Assessment team's recommendation regarding accreditation

The assessment team recommends the Aged Care Standards and Accreditation Agency Ltd accredit Bupa Dural.

The assessment team recommends the period of accreditation be three years

Assessment team's recommendations regarding support contacts

The assessment team recommends there be at least one unannounced support contact each year during the period of accreditation.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and the reasons for its recommendations are outlined below.

Audit trail

The assessment team spent three days on-site and gathered information from the following:

Interviews

	Number		Number
General manager	1	Residents/representatives	15
Operations manager	1	Physiotherapist	1
Care managers	2	Physiotherapy aide	2
Registered nurse	5	Laundry staff	2
Care staff	8	Cleaning contract managers	2
Endorsed enrolled nurse	1	Cleaning staff	2
Administration assistant	1	Regional property manager	1
Catering staff	4	Contract maintenance staff	1

Sampled documents

	Number		Number
Residents' files including progress notes, medical notes, assessments, allied health reports, pathology results, medication reviews, records of family conferences	10	Medication charts	17
Care plans – nursing, physiotherapy, lifestyle	16	Resident agreements	5
Interim care plan	2	Personnel files	9

Other documents reviewed

The team also reviewed:

- Activities program including lifestyle program, activities records and evaluations, planning sheets, attendance forms, recently completed activities survey
- Allied health professional folder
- Annual fire safety statement

- Approved supplier list
- Audits
- Bupa corporate governance 2009
- Capital expenditure application
- Care manuals including clinical care procedures.
- Catering – cleaning schedules, food safety program
- Certification report
- Cleaning – inspection reports, tool box talks
- Cleaning programs - policies and procedures, schedules, tick sheets and chemical information including material safety data sheets, cleaning specification
- Clinical and care assessment documentation (including assessments for Aged Care Funding Instrument (ACFI) and initial and ongoing resident care needs and preferences such as resident dietary and menu choices, observation charts including weights, continence, behaviours, hygiene/grooming, sleep, skin integrity, pain, mobility, falls risk, toileting, oral health and physiotherapy; wound assessments, leisure and lifestyle)
- Clinical data including infection records
- Comprehensive medical assessments
- Confidential logs
- Continuous improvement folders, continuous improvement logs, continuous improvement plan
- Criminal history checks
- Education – training evaluations, competencies, attendance records, staff individual education records, induction programs, calendar, e-learning implementation information
- Employee handbook
- Fire and emergency manuals, emergency folder, flip charts, bushfire and business continuity plan
- Fire equipment monitoring records
- Focus scorecard
- Food - four week rotating menu, initial assessment data, residents' food likes and dislikes, special dietary needs and food allergies information
- Food safety brochure
- Hazardous substances register / chemical register
- Help us help you brochure, thank you card
- Incident and accident investigation report, incident and accident forms, infection records and graphs, falls records and falls prevention system
- Job descriptions
- Laundry – cleaning schedule, manual, flow chart
- Lift registration certificate, business name registration
- Maintenance – in-house planned maintenance, reactive maintenance, maintenance schedules, reportable and essential services, service reports, maintenance logs
- Manuals – pain management and palliative care; privacy policy and procedure; behaviour management; reportable incidents.
- Medication management documents including residents medication charts, medication management information and schedule eight drug records, medication policy and procedure, audits, medication management reviews and incident forms, skill assessment for administration of medication – endorsed enrolled nurse and registered nurse.
- Meeting minutes –continuous improvement committee, resident meetings, staff meetings, focus group records
- Meeting planner
- Memos
- NSW Food Authority licence
- Nurse allocation folder – two at each nurse's station, resident shower list, bowel folder.
- Outbreak coordinators handbook
- Pest control records

- Physiotherapy aide progress summary 2010, physiotherapy reference form folder, physiotherapy yearly performance audit, Bupa Dural falls report, timetable – physio aide.
- Policy and procedure manuals - hard copy and flow charts - electronic copies
- Professional registrations
- Register of reportable and non reportable incidents
- Residents' handbook, high care residential agreements, privacy statement for residents, signed agreements, resident information pack
- Staff communication diaries at each nurses station and handover sheets
- Surveys
- Vaccination records – staff and resident

Observations

The team observed the following:

- Access to telephones and provision to have phone and/or computer connected in resident rooms if desired
- Activities in progress – celebrations for St. Patricks Day, bingo, quizzes, musical concert, music therapist, sing-a-long for residents, residents participating in exercise
- Charter of residents' rights and responsibilities on display
- Cleaning in progress including equipment, trolleys and wet floor signage boards
- Colour coded cleaning equipment, sharps containers, spill buckets
- Dining areas during lunchtime, morning and afternoon tea times, resident seating, staff serving, supervising and assisting residents with meals
- Education resources
- Electrical tagging
- Electronic communication systems including e-mail and computer hardware
- Equipment, supply storage and delivery areas.
- Fire safety system equipment including fire panel, extinguishers, fire blankets, sprinkler system, emergency exits, fire egresses, emergency evacuation area and external fire hydrants, fire fighting equipment tagged and dated
- Flu and gastro information for family and visitors on display, gastroenteritis and influenza kits
- Garbage storage, clinical waste storage
- Hand sanitiser at entrances to the home
- Information brochures on display
- Interactions between residents, medical and other health and related service personnel
- Interactions between staff and residents
- Kitchen staff practices, work environment, selection of foods, food storage areas, residents meal trays with name, photograph and coloured dot system identifying food requirements, resident diet analysis forms
- Living environment - internal and external, including residents rooms and bathrooms with nurse call system, communal living areas including dining and lounge areas, numerous smaller sitting areas, hairdressing salon, landscaped gardens and outdoor/barbecue area with shade structures and outdoor furniture
- Manual handling instructions individualised for each resident inside wardrobe door
- Medication rounds and safely stored medications
- Microwave for resident's heat packs
- Mobility equipment including mechanical lifters, shower chairs, wheel chairs, and mobility aids
- Oxygen cylinder and chemical storage
- Parallel bars for resident's exercise
- Personalised resident rooms
- Policies and procedures available to staff

- Recreational equipment for residents including board games, craft items, bingo cards, large screen television and DVD equipment, drop down screen for movies and photographic evidence of special activities days and occasions
- Residents' suggestion box
- Safety equipment for residents
- Secure storage of residents' and staff files.
- Security systems – key padded entry to residential and business areas, nurse call system, phones, external lighting
- Sign in and out records
- Site audit signage
- Spills kits, hand washing signs, hand washing bays, wall mounted soap dispensers and waterless sanitisation liquid for hand washing, infection control resource information
- Staff and resident notice boards
- Staff handovers
- Staff practices and courteous interactions with residents, visitors and other staff
- Standby generator
- Values on display

Assessment information

This section covers information about each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s recommendation

Does comply

In line with Bupa Care Services’ planning and reporting processes, the home actively pursues continuous improvement in a systematic and cyclical manner. All the home’s monitoring processes feed into the quality system and the review of improvement logs shows the identification of improvements, a monitoring of the actions taken and the evaluation of completed improvements. Regular internal audits, resident forums and surveys are used to identify and monitor the home’s progress and compliance in meeting the company’s standards. Data collected from auditing and survey processes is collated and reported monthly to the company and is reviewed and actioned by the continuous improvement committee. Feedback from stakeholders is gathered through resident and relative meetings, resident forums, surveys and staff meetings, which occur regularly. Staff are aware of the systems for continuous improvement and confirm the home’s commitment to quality and improvement. Interviews with residents and their representatives and the review of meeting minutes confirms that the home responds and actions improvements for residents.

Recent improvements relevant to this Accreditation Standard include:

- Bupa Care Services have developed and implemented a graduate nurse program as a recruitment and retention strategy for newly registered nurses. As a result a graduate nurse commenced at Bupa Dural in February 2010. A registered nurse has been appointed as the supervisor and clinical mentor for the graduate and a system which includes teleconferences provides support and guidance to the supervisor/mentor. There is a training program in place for 12 months to assist graduates to be skilled, competent and confident to lead a team in high quality person centred care.
- A new system to monitor the audit program has been implemented. The system ensures that all audits occur as scheduled, are analysed via a reporting process and that all issues identified in audits are reported, actioned and resolved.
- The home has eliminated the need to use the services of nursing agencies. This has been achieved by a successful recruitment drive to increase staff numbers and the addition to the roster of a position which is additional to normal operational needs. The additional staff member is able to fill a vacant position immediately which provides a seamless service to residents as there is no need to bring in additional staff at late notice.

1.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s recommendation

Does comply

The home has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. The company subscribes to a number of government and independent information services and is a member of an industry body which provides ongoing information about industry issues and regulatory changes. There is a regulatory compliance committee which oversees regulatory compliance and the development of policy and procedure changes. A monthly regulatory compliance memo is issued to the home to ensure current issues are identified. The management team monitor the home’s adherence to regulatory requirements through audit processes and observation of staff practice and ensure that resulting change in policy and procedure are communicated to staff via meetings, memos, notice boards and staff education programs.

Examples of compliance with regulatory requirements specific to Standard One - Management systems, staffing and organisational development include:

- A system and process is in place to ensure all staff and contractors have current police checks.
- Residents/ resident representatives were notified of the accreditation site audit via notices in the home, at meetings and meeting minutes.
- The provision of information to residents and stakeholders about internal and external complaint mechanisms.

1.3 Education and staff development:

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s recommendation

Does comply

The home has a system in place to ensure management and staff have the appropriate knowledge and skills to perform their roles effectively. The review of documentation and interviews with management and staff demonstrate that training needs are identified through a staff training needs analysis, skill assessments, observation of work practices, the results of audits, the monitoring of clinical indicators, issues raised at staff meetings, current industry topics of interest and staff request. An education plan is developed from this information and is supported by the Bupa learning and development division. Mandatory training includes manual handling, infection control, fire safety and reportable incidents, which is confirmed through a review of education documentation and attendance records. Records of attendance are maintained and there is a system to monitor attendance at compulsory training sessions. The home has a recruitment procedure and orientation program for new staff. The home uses the Aged Care Channel, guest speakers, qualified staff and external education opportunities to ensure a wide variety of training is provided. All staff interviewed report they have access to internal and external education on a regular basis and undertake competency assessments on an ongoing basis.

Review of the education plan and attendance records for 2009/2010 confirms that the home has provided education in relation to Accreditation Standard One. Examples include: team work; dealing with difficult people; accreditation your role and responsibility; improvement logs – recording, logging, notification; workplace bullying and violence workshop; core induction for new staff; the home's management team attend company run forums which provide a variety of training focuses each year.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's recommendation

Does comply

The home has internal and external mechanisms in place for residents, resident representatives and other interested parties to put forward comments, suggestions and complaints. Information on internal and external complaints options is included in the resident handbook. External complaints information brochures and internal complaints forms are accessible to residents and visitors throughout the home. Envelopes are provided for confidential improvements and the general manager and care managers maintain an 'open door' policy and regular resident and resident representative meetings and forums provide opportunities for comments, suggestions and complaints to be raised. Residents, resident representatives and staff interviewed are aware of how they can make a complaint and they often prefer to speak directly with the management team and/or staff as they find them very approachable and they respond in a timely manner to any concern they may have.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's recommendation

Does comply

Observations demonstrate the home's vision and values are on display in the home and are present in a number of documents including the resident and employee handbooks. Bupa Care Services revised the vision and values of the company and relaunched them through a Bupa brand launch in early 2009. Staff interviewed confirm awareness of the home's commitment to quality.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's recommendation

Does comply

There are systems and processes in place for the home to have appropriately skilled and qualified staff, sufficient to provide services in accordance with the Accreditation Standards and the home's vision and values. The home has processes for recruitment and orientation including a 'buddy system' for new staff as confirmed through the review of recruitment and orientation documentation and interviews. Staff confirm that when staff are not able to work, replacements are found using part time or casual staff. Management report they adjust staffing levels based upon resident care needs, bed vacancies and staff and resident feedback. Staff are encouraged to participate in the home's training program to ensure their skills are maintained and increased. Clinical indicators and resident feedback are used to

identify any deficiencies in staff skill. Staff are required to have completed the certificate III in aged care prior to commencing employment at the home and registered nurses are on duty twenty four hours per day. Residents and their resident representatives are very positive about the staff and the care they provide, indicating that staff come when called, are responsive to residents' needs, are knowledgeable and have a caring attitude towards the residents. Staff state they enjoy working at the home.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's recommendation

Does comply

Residents, their representatives and staff confirm there are adequate levels of goods and equipment for the delivery of quality services. Cleaning, linen, food, incontinence aids, and medical stores were observed to be well stocked. Purchasing and assets management is in place and staff participate in trials of new equipment. Preventative and corrective maintenance of equipment is carried out by external contractors and the onsite maintenance staff, which also monitors the incidence of repairs. Interviews with staff and residents indicate that all maintenance is prioritised and responded to in a timely manner. Staff are trained in the safe use and storage of chemicals.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's recommendation

Does comply

There are systems in place for the creation, storage, archiving and destruction of documentation within the home. Confidential files such as staff and resident files are stored securely. The review of residents' files and care planning documentation indicates that clinical care plans are reviewed regularly and there is a system for consultation with residents, their relatives or representatives. The company has a variety of methods to ensure relevant information is available in a timely manner to all stakeholders. Information is disseminated through an email system, Bupa online management system, a structured meeting schedule, notice boards, newsletters, memoranda, staff handovers, formalised feedback mechanisms and informal lines of communication. There is a computerised management information system and policies and procedures are available in hard copy as well as electronically. The home conducts surveys, audits and collects data to provide information regarding the quality of care and services provided. Management, staff, residents and resident representatives state they have access to information on the processes and general activities and events of the home.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's recommendation

Does comply

Externally sourced services are provided to a standard that meets the home's requirements for quality service goals. The company has a list of preferred service providers and suppliers. The company finance department manages the establishment and ongoing monitoring of all service provider contracts. The monitoring of contracts occurs in a variety of ways which include audits and inspections, feedback from residents and staff, supervision of the

contracted clinical services by the senior management team and observation of the work practices of contractors by the maintenance team. Poor performance may lead to cancellation of the contract. The home's general manager is able to review all contracts via the company intranet.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team's recommendation

Does comply

Refer to expected outcome 1.1 Continuous Improvement for sources of evidence and additional information including a description of the overall quality system.

The home has made planned improvements in Standard Two - Health and Personal Care which include:

- In response to a number of identified issues including resident complaints about the noise made by staff packing and distributing incontinence pads at night, proper management of individual residents' continence pad needs and high budgetary costs, continence pad management has been improved. Continence link nurses were appointed and trained, one of the care managers has become continence link nurse coordinator and oversees ordering and the monthly budget. The continence pad prescription of each resident was reviewed to ensure appropriateness. A system for pad distribution each shift has been implemented. These improvements have resulted in improved quality of sleep for all residents at night, improved continence management for residents and pad costs have reduced and the budget is being maintained.
- The home's urinary tract infection rate was constantly higher than the group average so a number of strategies have been put in place to successfully reverse the trend. These strategies include:
 - An additional fluid round at 5 am for those residents who are awake
 - Catheter care education for care staff
 - The introduction of a 'comfort nurse' on extreme heat days/evenings whose duty is to maintain the comfort and hydration level of all residents
 - Staff ensure the temperatures of the rooms and residents clothing is appropriate to the weather
 - Additional fluids offered regularly in a variety of forms including jelly cups
 - Regular meetings with staff to monitor the effectiveness of these strategies.
- The home has purchased a top of the range alternating air mattress to enable improved outcomes for a resident with compromised health which has led to complex skin integrity needs. Since the new mattress has been in use the resident has not had any episodes involving the breakdown of skin.

2.2 Regulatory compliance

This expected outcome requires that “the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.

Team's recommendation

Does comply

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulatory requirements specific to Standard Two - Health and personal care:

- The home holds current practising certificates for all registered and enrolled nurses.
- The home has a policy and procedure in place for missing persons which reflects legislative requirements.
- Care plans for high care residents are developed and reviewed by registered nurses in line with the Aged Care Principles (1997).

2.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of course documentation and attendance lists for 2009/2010 by the team confirms that education relating to health and personal care has been provided for management and staff in the past year. Examples include, but are not limited to: clinical skills for care staff; creating a restraint free environment; urinary catheters; person first dementia care; sensor mat training; diabetes; continence link nurse training; application of lap belts; skill assessments including hand washing, medication administration and drugs of dependence.

2.4 Clinical care

This expected outcome requires that “residents receive appropriate clinical care”.

Team’s recommendation

Does comply

The home has comprehensive systems in place to assess, identify, monitor and evaluate residents’ individual care needs on entry to the home and on an ongoing basis. Information obtained from residents and representatives when residents move into the home together with a range of focussed assessments are used to prepare individual care plans. Interviews and a review of documentation confirm that care plans are reviewed every three months or as necessary to ensure that the care provided is up-to-date and effective and residents are regularly seen by their treating medical practitioners. Residents and representatives interviewed by the team expressed satisfaction with the care provided and advised that they have the opportunity to contribute to care planning. Representatives are kept well informed of residents care needs and health changes either personally or by telephone. Staff are educated in issues relating to resident care and where appropriate, consultants are accessed to support staff and provide advice regarding specific care issues. A range of skill assessments relating to the provision of clinical care are undertaken for all care staff including registered nurses. The provision of care is monitored via audits, surveys, care and compliance reviews and the comments and complaints mechanisms.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s recommendation

Does comply

Residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff, with medical officers or allied health services input when required. The home provides registered nurse coverage 24 hours a day, seven days a week. The home also has access to clinical nurse consultants through hospital based agencies for advice or education on the provision of residents’ specialised nursing care needs when required. The home currently provides specialised nursing care for residents including; catheter care, diabetic care, percutaneous endoscopic gastrostomy (PEG) feeding and palliative care. Care plans developed by registered nurses outline the residents’ specified specialised nursing care needs. The team’s observations and registered nurse interviews indicate the home has sufficient supplies of equipment for the provision of specialised care needs. Residents and representatives interviewed report that residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s recommendation

Does comply

The home has systems to identify residents’ needs and preferences in relation to other health and related services and for arranging for medical officers to make referrals. Residents’ medical officers initiate referrals to medical specialists and allied health professionals as required. Residents can also choose to visit health services of their choice externally with assistance provided for their transport. Clinical files contain documentation related to referrals and follow up reports from other health and related services relevant to residents’ care needs. Services include physiotherapy, podiatry, speech pathology, palliative care, consultant dietician, dentist and dental technician and mental health services. Resident and representative interviews indicate they are satisfied with the health and related services the home provides and access to external services.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s recommendation

Does comply

The home has effective systems in place to manage the ordering, storage, administration, recording and review of medications. Medication incident reporting is conducted with internal and external auditing of the systems. The home uses a single blister pack system and liaison with the supplying pharmacist ensures that new or changed medications are supplied promptly. Medications are stored in locked cupboards or the locked medication trolleys and are administered by the registered nurses and endorsed enrolled nurses. The team observed safe and correct medication administration and staff displayed understanding of the home’s medication management system, policies and procedures. Review of medication charts indicated that they are appropriately documented and contain relevant information and identification of residents. A random check of medications indicated that all medications in use are within the expiry dates and temperatures of medication refrigerators are recorded daily and are within the acceptable range of safe medication storage. The medication

advisory committee meets quarterly in the home. Residents and representatives indicate that they are satisfied with the way their medication is managed.

2.8 Pain management

This expected outcome requires that “all residents are as free as possible from pain”.

Team’s recommendation

Does comply

The home ensures all residents are as free as possible from pain through initial and ongoing pain assessments, care planning, evaluations and accessing advice on pain management from medical officers and other health professionals when required. All residents have a pain assessment completed on entry, this also includes the use of a non-verbal tool for the recognition of pain in residents with dementia. Interviews and documentation reviews demonstrate pain management strategies currently in use for residents include, but are not limited to, the administration of analgesia including analgesic patches and schedule eight medications, provision of pressure relieving equipment, repositioning, massage therapy, the use of hot packs (as per policy) back and knee supports and laser therapy. The use of ‘as required’ medication is monitored and referred to the medical officer as necessary. Residents and representatives interviewed state the home is diligent in providing timely care to residents experiencing pain.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s recommendation

Does comply

The home has systems in place to ensure that the comfort and dignity of terminally ill residents is maintained. The care staff involve residents and representatives in care planning to ensure that physical, emotional, cultural and spiritual needs and preferences are identified, documented and implemented. Resident’s wishes and preferences for end of life care are discussed with the management at the entry meeting and family conferences. The home has access to palliative care services, if needed, and residents are supported to remain in the home in the event of requiring palliation. Representatives are encouraged to participate in care if they wish and are able to stay overnight if necessary. Pastoral care services are available to support and counsel terminally ill residents and their representatives. Care staff describe a range of interventions employed when caring for terminally ill residents to ensure their pain is managed and that their comfort and dignity is maintained.

2.10 Nutrition and hydration

This expected outcome requires that “residents receive adequate nourishment and hydration”.

Team’s recommendation

Does comply

The home has systems to provide residents with nourishment and hydration through care planning and evaluation processes, the assessment and documentation of residents’ dietary needs, likes and dislikes, allergies, and the communication of these needs to catering staff. Meals are freshly cooked on the premises using a four week rotating menu that offers choices at each meal and choices for morning, afternoon tea and supper. Provision is made for residents who require special diets, pureed meals, dietary supplements, PEG feeds, assistance with meals, and dietary assistive devices. Residents with swallowing difficulties are assessed by a speech pathologist. Extra fluid rounds are attended during the hot weather. The home regularly monitors residents’ weights and scoring and intervention is

according to the scale used for measurement. Residents' feedback through meetings and individually is taken into consideration and menus are adjusted to provide satisfaction to residents. Residents report they enjoy the meals provided and are satisfied with services related to nutrition and hydration.

2.11 Skin care

This expected outcome requires that "residents' skin integrity is consistent with their general health".

Team's recommendation

Does comply

The home has systems for maintaining residents' skin integrity consistent with their general health, through initial and ongoing assessments, care planning and care provision. Residents have podiatry, pressure area care, massage and nail care provided according to their needs. Residents with skin integrity breakdown have wound care provided under the direction of the registered nurses and the home has a clinical care wound management committee and access to a wound care consultant from hospital based agencies. Interviews with assistants in nursing indicate they maintain residents' skin integrity through correct manual handling, the application of emollient creams, repositioning of residents, and the use of pressure relieving equipment which is available in sufficient quantities. Incident reporting of skin tears and pressure areas forms part of the monthly data collation and quarterly care and compliance reviews and this information is analysed for any trends. Residents and representatives are satisfied with the skin care provided including personal hygiene and pressure area care.

2.12 Continence management

This expected outcome requires that "residents' continence is managed effectively".

Team's recommendation

Does comply

The home has a system for identifying residents' needs through assessment, monitoring and evaluation to ensure that residents' continence is managed effectively. Continence is promoted through the implementation of a toileting program for residents as well as the provision of adequate fluids, high fibre diets and low irritant aperients. Residents are referred to specialists and continence advisors as needed. The system includes individual continence assessments, the development of a care plan and a toileting program if required, which is regularly reviewed and evaluated for effectiveness. Bowel management programs are in place and monitoring is completed through daily recording and reporting by staff. Staff interviewed confirmed there are adequate supplies of disposable continence aids of varying types and sizes available for residents and there are extra aids if required. Infection data, including urinary tract infections, is regularly collected, collated and analysed with investigation by the continence committee and interventions instituted quickly if an increase is noted. The residents and representatives interviewed by the team are satisfied with the home's continence management strategies.

2.13 Behavioural management

This expected outcome requires that "the needs of residents with challenging behaviours are managed effectively".

Team's recommendation

Does comply

The needs of residents with behaviours of concern are managed effectively through the homes initial and ongoing assessments, care planning and evaluation processes.

Individualised behavioural care strategies are identified in consultation with residents and representatives, medical officers and other health professionals as required. This includes accessing a psycho geriatrician or mental health team when indicated. The lifestyle therapy data base and 'map of life' support staff in understanding the life story of the resident, which in turn assists in the management of their challenging behaviours. All episodes of challenging behaviour are recorded, monitored closely and evaluated regularly to determine the effectiveness of strategies used and to identify the need for further interventions to be developed. Residents are encouraged to participate in the home's activity program during the day and the team observed staff redirecting and diverting residents' attention with effect. Some residents from Sunflower (dementia specific unit) were observed by the team to be brought into the main area of the home to attend a concert for residents. Restraint is kept to a minimum and a variety of supervisory equipment is used to monitor residents to avoid falls. Incidents of challenging behaviours are trended monthly and benchmarked against other Bupa homes. Interviews with residents and representatives and a review of documentation indicate the management of residents' challenging behaviours is appropriate and that residents' distress is minimised by the approach adopted at the home.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's recommendation

Does comply

Systems are in place at the home to ensure optimum levels of mobility and dexterity are achieved for all residents. The systems include initial and ongoing assessment of residents' mobility, dexterity and rehabilitation needs including a falls risk assessment conducted by the registered nurse. The residents are assessed by the physiotherapist, who visits the home two days each week and the programs are implemented by one of the physiotherapy aides. Each resident has an individual care plan written by the physiotherapist and a manual handling plan which is evaluated and updated three monthly. The home's program includes individual passive and active exercise programs, group exercises, and assistance with pain control. At the request of the residents parallel bars have been purchased so an advanced program of balance and strengthening exercises could be commenced. The team observed residents using mobility aids and handrails suitably placed throughout the home. An accident and incident reporting system is in place which includes analysis of incidents to identify trends and implementation of strategies to reduce falls. All staff attend manual handling education regularly. Residents and representatives interviewed by the team express their satisfaction with the therapy program they receive.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's recommendation

Does comply

The home has a system in place to ensure residents' oral and dental health is maintained including initial and ongoing assessment of residents' oral and dental needs. Assessments occur through staff observation and referral to dentists and/or specialists are arranged as per residents' needs and preferences. Residents are assisted to attend dental services as required. The day-to-day oral care is attended as per individual care plans with residents being encouraged to brush their own teeth or dentures to maintain their independence. Assistance is given by staff to residents unable to manage their own oral care. Aids to oral and dental care are provided at the home, including tooth brushes, toothpaste and mouth swabs and residents expressed satisfaction with mouth and oral care.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

Does comply

The home has systems in place to identify and effectively manage residents’ sensory losses. Assessments of individual sensory needs are undertaken upon entry to the home, when there is a change in residents’ conditions or at the three monthly evaluation of care plan. Review of care documentation shows that staff assists residents to manage aids and equipment such as hearing aids and glasses. The team observed the placement of items in close proximity for residents with vision loss and speaking clearly and slowly to residents with hearing loss. Recreational activity officers facilitate sensory programs for one-to-one and/or small groups of residents who have sensory loss and the team observed a large numbers bingo kit in use. Residents and representatives indicate they are satisfied with the care provided by the home for residents with sensory loss needs.

2.17 Sleep

This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team’s recommendation

Does comply

The home assists residents to achieve natural sleep patterns through assessments on entry to the home and at times when sleep difficulties are identified. Individual sleep management strategies are developed depending on residents’ needs and preferences. These can include usual settling and rising times, pain relief, regular toileting and/or provision of a night continence aid and night sedation. Supper is provided to assist residents to sleep through the night. Residents are encouraged to participate in activities of interest to them during the day that will enhance natural sleep patterns. Residents have call bells in their rooms to call for assistance at night if required. Resident and representatives interviewed state that they are able to achieve natural sleep patterns in the home.

Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s recommendation

Does comply

Refer to expected outcome 1.1 Continuous Improvement for sources of evidence and additional information including a description of the overall system for continuous improvement.

The home is making planned improvements in Standard Three - Resident Lifestyle examples of which include:

- Through a series of community relationships the residents at Bupa Dural have adopted the Royal Institute for Deaf and Blind Children as their charity. They hold events and fund raising activities throughout the year in which residents participate. Children from the school visit the home and do a presentation for the residents. The relationship provides the residents with a sense of community participation and there has been media attention promoting a positive view of aged care.
- To enable residents to again experience romance with their spouse and to celebrate Valentines Day a special romantic lunch was held. Couples who reside in the home and those with a spouse outside the home were invited to the special lunch. The function room was decorated with hearts and roses and intimate table settings, there was romantic music and champagne. Each lady was given a red long stemmed rose; a photograph of each couple was taken as a keepsake and staff made a fuss of the couples. Feedback from the residents and their spouses was very positive and spouses who live outside the home were made to feel part of the Bupa Dural family.

3.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle”.

Team’s recommendation

Does comply

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this expected outcome.

Examples of regulatory compliance with regulatory requirements specific to Standard Three - Resident Lifestyle:

- The charter of residents’ rights and responsibilities is displayed in the home and is included in the resident handbook which is given to all residents.
- Resident and staff information is stored in a manner that meets privacy legislation requirements.

- The home has a policy, procedure and regular staff training for the reporting of actual or suspected resident abuse. There is a system for the recording of reportable and non reportable incidents.

3.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Review of course documentation and attendance lists for 2009/2010 by the team confirms that education relating to resident lifestyle has been provided for management and staff in the past year. Examples include, but are not limited to: the new resident – transitioning to a new home; sexuality and the older person; promoting health and wellbeing; reportable incidents.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's recommendation

Does comply

Residents and representatives are very satisfied with the support and assistance they receive during the residents' entry to the home. All care staff (including management) and activity staff spend one-to-one time with residents during their settling in period and representatives are encouraged to take part in helping the resident adjust to life in a residential setting. The entry process includes gathering information from residents and representatives to identify residents' social, cultural and spiritual support needs and lifestyle preferences. Information about residents' emotional support needs is included in their 'map of life' and individual care plan, which is evaluated three monthly and identifies strategies for emotional support. All staff are educated to watch for signs of grief, depression and other changes requiring extra support. Families receive emotional support during palliation and following the death of a resident. Feedback about residents' levels of satisfaction with the provision of emotional support is gained informally and through audits.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's recommendation

Does comply

Residents' abilities and wishes in relation to independence and lifestyle needs are assessed on entry to the home and are documented on their care plans. The care plan is regularly reviewed to ensure resident's changing needs in relation to maximising their independence is met. Residents are assisted to make the most of their independence through health care interventions that include daily exercise programs and lifestyle programs. Residents' independence is enhanced with access to television (including pay TV), radio, newspapers, telephones and personal computers. They are encouraged to maintain a lifestyle outside the

home if possible and are supported to make friends and are introduced to residents with similar interests within the home. Family, friends and the volunteer visitors support program are welcomed and encouraged to visit the home and have access to private sitting areas and spacious outdoor areas. Residents are encouraged to participate in recreational activities within the home but are also free to refuse. Residents and representatives are satisfied with the home's approach in encouraging and assisting them to maintain their independence.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's recommendation

Does comply

Interviews with residents confirm their privacy, dignity and confidentiality is respected and staff practices are based on resident's individual preferences. Resident records are securely stored and staff sign confidentiality agreements at the beginning of their employment. Staff dispose of confidential resident information in locked bins that are collected and destroyed by a contractor. Residents' care plans and progress notes provide evidence of consultation with residents about their preferences for the manner in which care is provided. Residents are accommodated in single rooms with en-suite bathrooms and some single rooms with shared bathrooms. Staff were observed to address residents in a respectful and dignified manner, knocking on residents' room doors before entering their rooms and requesting permission to attend to care. The team observed that residents who are reliant on staff for their dressing and grooming requirements are clean, well presented and dressed appropriately for the weather.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's recommendation

Does comply

Residents' individual leisure interests and activities are identified on entry to the home and an activities database, assessment form and 'map of life' are developed and an individualised care plan is developed from these assessed needs. Care plans are reviewed on a regular basis to ensure changes to residents' individual needs, preferences and capabilities are updated. An activity program is developed from the resident care plan and feedback from residents through a variety of mechanisms including resident meetings, surveys, attendance records and verbal requests. The activities program covers a variety of activities designed to meet the needs of all the residents and includes in-house activities and some community outings. Activities planned for the day are communicated verbally to the residents as well as a weekly activities calendar displayed on residents' notice boards. Residents are encouraged to participate in the activities but their right to refuse is respected. These residents are offered reading material, audio books and individual programs that are developed to suit them individually and they are supported to attend activities outside the home if able. The team observed the home being decorated and conducting special celebrations for Saint Patricks Day, bingo and quizzes, a concert for all residents including residents residing in Sunflower wing, the monthly rotating outdoor barbeque for each wing of the home, a quilt presentation by members of the quilters' guild and the music therapist entertaining residents in Sunflower wing. Residents interviewed by the team state they enjoy the social interaction and content that the recreational activities program offers them.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's recommendation

Does comply

The home is able to demonstrate that individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered. Assessment of residents' specific needs, customs, and beliefs is performed on entry to the home and on an ongoing basis. Residents are actively encouraged to maintain cultural and spiritual links in the community and regular religious services are held at the home by ministers of different denominations. Days of cultural and religious significance for example Christmas, Easter, ANZAC day and Australia Day are celebrated. Residents and representatives interviewed by the team confirm they are encouraged and supported to continue with their own interests, customs and beliefs, and ethnic backgrounds are valued and fostered.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's recommendation

Does comply

Residents state they are satisfied with the choices available to them at the home. Those interviewed state they are fully informed and have the freedom to make decisions and choices about all areas of service delivery provided by the home. Activities that provide them with the opportunity to make choices include one to one discussions with management and staff, attending resident meetings and forums, completing surveys and feedback forms about issues that affect them. Information provided to residents and representatives that outline their rights with choices and decision making were sighted in the resident hand book, resident agreement, minutes of resident meetings and results of activities surveys. Residents are provided with choices including their financial management, personal care, cultural and spiritual choices, preferred shower times, waking and rising times, menu choices, personalisation of their rooms, participation in activities, end of life choices, and choice of their medical officer and allied health services. Interviews with residents and representatives and documentation reviews demonstrate that the home actively supports residents in maintaining their right to make their own lifestyle choices and decisions.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's recommendation

Does comply

The home is able to demonstrate that residents have secure tenure within the home and understand their rights and responsibilities. Relevant information about security of tenure and residents' rights and responsibilities is provided by the general manager. This is discussed with prospective residents and their representatives prior to, and on entering the home. The resident handbook and agreement document outlines the care and services provided by the home and associated costs are discussed at the time of entry. Security of tenure is also addressed in the resident agreement and handbook. Management interviewed stated that any movement of residents' accommodation is fully discussed with the resident and their representatives. Residents and their representatives interviewed by the team confirmed the above process.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s recommendation

Does comply

Refer to expected outcome 1.1 Continuous Improvement for sources of evidence and additional information including a description of the overall system of continuous improvement.

The home has made planned improvements relating to Standard Four - Physical Environment and Safe Systems including:

- To provide training and education for hospitality staff the home has facilitated the provision of the certificate three in hospitality at the home. Ten catering and laundry staff participate in the monthly on site training sessions which are run by a training provider under the auspices of the department of education. Staff state they are gaining knowledge which is assisting them to carry out their work more effectively and they are enjoying the training.
- In response to feedback from residents and resident representatives a full audit of the laundry service (‘the laundry blitz’) was conducted. This was done with help from some resident representatives. Problem areas were identified and an action plan was put in place. Systems for the management of unmarked clothes and ‘ambulance linen’ were implemented to reduce clutter. Major improvements have been made and sustained. Feedback from residents and resident representatives is now very positive.
- To improve the ease of cleaning and to address odour issues the carpet in the dementia specific unit has been replaced by attractive vinyl flooring.

4.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.

Team’s recommendation

Does comply

Refer to 1.2 Regulatory Compliance for a description of the overall system related to this outcome.

Examples of regulatory compliance with regulatory requirements specific to Standard Four - Physical environment and safe systems:

- The home has a current NSW Food Authority licence and there is a food safety system in place.
- The home has a current fire safety statement displayed and staff attend regular fire safety training.

- Infection control guidelines are in place and there is a safe system for the disposal of sharps, contaminated and general waste. Infection control practices and cleaning requirements are monitored to ensure safe practices occur.

4.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's recommendation

Does comply

Refer to expected outcome 1.3 Education and staff development for a description of how the home monitors and provides education to ensure management and staff have appropriate skills and knowledge.

Interviews and review of course documentation and attendance lists for 2009/2010 by the assessment team confirms that education relating to the physical environment and safe systems has been provided for management and staff in the past year. Examples include, but are not limited to: manual handling; fire safety modules 1, 2 & 3; chemical safety; food handling refresher course; use of a lifting machine; infection control – transmission prevention and outbreak management.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's recommendation

Does comply

The home provides single room accommodation for all residents and the majority of rooms have ensuite bathrooms. There are a small number of rooms where a bathroom is shared with three residents. The building has three floors which are connected by a lift and there are a number of dining, lounge and sitting rooms throughout the building. There are large outdoor areas for residents and visitors to enjoy and there are well maintained gardens around the home. There is a 19 bed secure unit for residents with dementia and related disorders. The team noted all areas of the home to be clean and maintained and indoor areas are a comfortable temperature. Improvements, identified hazards and accidents and incidents are reported and actioned and regular audits monitor the living environment. There are processes in place for maintenance issues to be reported and actioned in a timely manner. Observation of the home during the Accreditation site audit and feedback from residents, resident representatives and staff show management provides a safe and comfortable environment in line with residents' care needs.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's recommendation

Does comply

The home's management team actively work to provide a safe working environment that meets regulatory requirements. There are systems to record, analyse and review resident and staff accidents and incidents. The continuous improvement committee which includes staff trained in occupational health and safety works to ensure the living environment for residents and the staff work environment is safe. Committee members participate in

environmental audits to ensure that regulatory requirements and the home's quality and safety standards are met. Interviews and the review of documentation shows that staff can and do highlight risks and hazards through the maintenance, hazard and accident and incident reporting systems and are aware of safe work practices. Personal protective equipment is readily available for staff. The team observed safe work practices and staff members state they receive education in manual handling during orientation and annually.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's recommendation

Does comply

Systems are in place to promote the safety and security of residents and staff. These include emergency and fire evacuation procedures as well as regular checks of the fire panel, detectors, extinguishers, fire doors and other fire equipment. Staff interviews demonstrate that they are familiar with the equipment and procedures and they confirm they attend regular fire safety training. There is an emergency evacuation folder in place to ensure vital information is available to staff. The team observed emergency flip charts with emergency procedures located throughout the building. The home has a variety of security systems in place including the resident call bell system, external lighting, the digital phone system and key coded exits. Each resident has access to call bells by their bed and in ensuite and shared bathrooms. There is a no smoking policy in the buildings and designated smoking areas are provided for residents and staff. Residents and their representatives state they feel safe and secure in the home.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's recommendation

Does comply

The home's infection control program consists of ongoing education, infection prevention strategies, tracking and analysis of infection rates and workplace audits. Strategies include: the offering of vaccinations to staff and residents; the use of colour coded cleaning equipment; and systems for the management and disposal of contaminated waste. Documentation reviews and interviews confirm the home's management team reviews infection data and develops strategies to minimise infections. There are policies, procedures and supplies in place for the prevention of and for dealing with an outbreak. Staff interviewed are familiar with infection control practices and confirm that personal protective equipment is readily available. Staff describe and demonstrate the use various infection control strategies. These include the colour coded system used during all aspects of cleaning; the use of personal protective equipment, regular hand washing and the use of hand sanitiser and the food safety practices in place. The team observed that hand washing facilities areas readily available throughout the home for staff and visitors. There are designated areas for clean and dirty linen with a process for the handling of contaminated laundry.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's recommendation

Does comply

There are systems to identify residents' meal requirements and preferences on entry to the home and as residents' needs change. All meals are cooked on site using a seasonal four-

week rotating menu. The residents are offered a hot breakfast, choice of meal at lunch and a variety of options for the evening meal each day and freshly prepared snacks throughout the day. The review of meeting minutes and interviews confirm that the residents are able to have input into the menu provided at the home. The kitchen is clean and orderly with systems in place to ensure food is safe. Residents/resident representatives state they are very satisfied with the variety, quality and quantity of food provided. There are schedules for the regular cleaning of the home and there are systems of monitoring to ensure the home is clean. Resident rooms and common areas were observed to be clean at all times during the Accreditation site audit. Residents/resident representatives interviewed state the home is always clean and tidy. All laundry is washed on site. The team observed adequate stocks of linen. There is a system for the labelling and sorting of residents' personal laundry. Residents/ resident representatives express satisfaction with the laundering services provided.